#### **Application Data Sheet**

#### **Application Information**

Application Type:: National Phase

Subject Matter:: Utility

Suggested Classification:: 424/443

Suggested Group Art Unit:: 1615

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: None

Computer Readable Form

(CRF)?:: None

Title:: FORM OF ADMINISTRATION BASED ON

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CROSSLINKED HYDROPHILIC POLYMERS

Attorney Docket Number:: 512100-2056

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: None

Total Drawing Sheets:: None

Small Entity:: No

Petition included?:: No

Petition Type:: None

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information (repeat as needed)**

Applicant Authority type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Johannes

Middle Name::

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Family Name:: Bartholomaeus

Name Suffix::

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State or Province of Residence::

Country of Residence:: Germany

Street of mailing address:: Burghoehenweg 5

City of mailing address:: Aachen

State or Province of mailing address::

Postal or Zip Code of mailing address:: 52080

**Applicant Information (repeat as needed)** 

Applicant Authority type:: Inventor

Primary Citizenship Country:: Spain

Status:: Full Capacity

Given Name:: Maria

Middle Name: Cristina

Family Name:: Vázquez Lantes

Name Suffix::

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**Correspondence Information** 

Correspondence Customer Number:: 20999

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## Representative Information (add names as necessary)

Representative Customer Number:	20999
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#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/014147	12/13/2004

# **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	10358748.9	12/12/2003	Yes

## **Assignee Information**

Assignee Name:: LTS Lohmann Therapie-Systeme AG

Street of mailing address::

City of mailing address:: Andernach

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: 56626

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